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(Requestor's Name)

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(City/State/Zip/Phone #)

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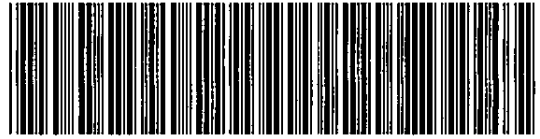
(Business Entity Name)

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TALLAHASSEE, FLORIDA

M. THOMAS

SEP 23 2009

EXAMINER

THERESA A. RETH
Attorney at Law
P.O. Box 490
Orange Lake Florida 32681
(352) 732-7878
fax: (352)591-8555

US Express Mail EM 285430423 US

September 21, 2009

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

re: Change of Name; Articles of Amendment

Dear Sirs:

Enclosed are the original and one copy of the Articles of Amendment of Florida Palliative Pharmacy & Equipment LLC, as well as my check in the sum of \$55.00. Please file the Articles and provide this office with a certified copy of same. Thank you.

Very truly yours,


THERESA A. RETH

TAR/ga
Encl. (3)
cc: Client

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
OF
FLORIDA PALLIATIVE PHARMACY AND EQUIPMENT, L.L.C.**

Pursuant to Florida Statutes 608.411 and 608.4231 of the Florida Limited Liability Company Act, the undersigned limited liability company adopts the following Articles of Amendment to the Articles of Organization.

1. The name of the limited liability company is Florida Palliative Pharmacy and Equipment, L.L.C.

2. The Articles of Organization of the company were filed with the Secretary of State of the State of Florida on February 21, 2002 and assigned document number L02000004415.

3. The following amendments of the Articles of Organization were adopted by the Sole Member of the company and by the Managers of the company by unanimous vote on August 31, 2009 in the manner prescribed by the Florida Limited Liability Company Act:

The New name of the company is **Florida Palliative Equipment L.L.C.**

4. These Articles of Amendment shall be effective upon filing with the Secretary of State of the State of Florida.

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TALLAHASSEE, FLORIDA

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IN WITNESS WHEREOF, the undersigned Member and Managers have made and subscribed these Articles of Amendment at Ocala, Florida, this 31st day of August, 2009.

HOSPICE OF MARION COUNTY, INC.

Mary Ellen Poe
By Mary Ellen Poe, CEO
Member

Mary Ellen Poe
Mary Ellen Poe, Manager

Michael A. Knox
Michael A. Knox, Manager

James R. Moyer
James R. Moyer, Manager

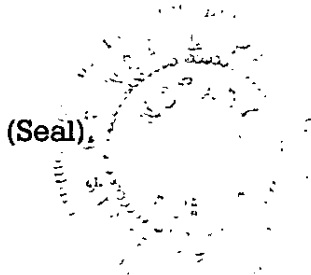
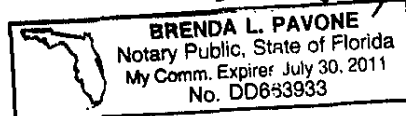
STATE OF FLORIDA

COUNTY OF MARION

I hereby certify that on this day before me, a Notary Public duly authorized to take acknowledgments, personally appeared Mary Ellen Poe, to me known to be the person described herein and who is known to me, executed the foregoing Articles of Amendment, and she acknowledged before me that she subscribed to these Articles of Amendment as the act of Hospice of Marion County, Inc., sole member of Florida Palliative Pharmacy and Equipment L.L.C. (whose new name shall be Florida Palliative Equipment L.L.C.) and who did not take an oath.

WITNESS my hand and official seal this 31st day of August, 2009.

Brenda L. Pavone
Notary Public, State of Florida
My commission expires: July 30, 2011



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TALLAHASSEE, FLORIDA
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STATE OF FLORIDA

COUNTY OF MARION

I hereby certify that on this day before me, a Notary Public duly authorized to take acknowledgments, personally appeared Mary Ellen Poe, to me known to be the person described herein and who is known to me, executed the foregoing Articles of Amendment, and she acknowledged before me that she subscribed to these Articles of Amendment as the Manager of Florida Palliative Pharmacy and Equipment L.L.C. (whose new name shall be Florida Palliative Equipment L.L.C.) and who did not take an oath.

WITNESS my hand and official seal this 31st day of August, 2009.

Brenda L. Pavone

Notary Public, State of Florida

My commission expires: July 30, 2011

(Seal)

STATE OF FLORIDA

COUNTY OF MARION

I hereby certify that on this day before me, a Notary Public duly authorized to take acknowledgments, personally appeared Michael A. Knox, to me known to be the person described herein and who is known to me, executed the foregoing Articles of Amendment, and he acknowledged before me that he subscribed to these Articles of Amendment as the Manager of Florida Palliative Pharmacy and Equipment L.L.C. (whose new name shall be Florida Palliative Equipment L.L.C.) and who did not take an oath.

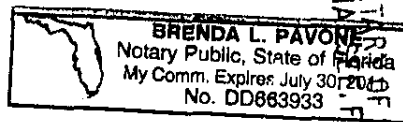
WITNESS my hand and official seal this 31st day of August, 2009.

Brenda L. Pavone

Notary Public, State of Florida

My commission expires: July 30, 2011

(Seal)



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FLORIDA
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STATE OF FLORIDA

COUNTY OF MARION

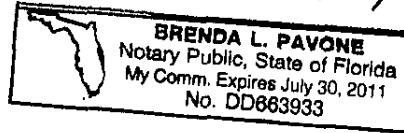
I hereby certify that on this day before me, a Notary Public duly authorized to take acknowledgments, personally appeared James R. Moyer, to me known to be the person described herein and who is known to me, executed the foregoing Articles of Amendment, and he acknowledged before me that he subscribed to these Articles of Amendment as the Manager of Florida Palliative Pharmacy and Equipment L.L.C. (whose new name shall be Florida Palliative Equipment L.L.C.) and who did not take an oath.

WITNESS my hand and official seal this 31st day of August, 2009.

Brenda J. Pavone

Notary Public, State of Florida

My commission expires: July 30, 2011



(Seal)

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